

AST 4
S.S.N #0232
YEAR BIRTH 1969

UNITED STATES DISTRICT COURT

for the

EAST HAVEN District of NEWYORK Division

RECEIVED
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2023 JUL 10 PM 1:22

TERRENCE WISE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SEE ATTACHED

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

ARREST DATE 10/6/22 Attached Sheet
 PLAINTIFF: TERRENCE WISE

DEFENDENT(S)

1) NEW YORK CITY, CITY HALL
 CITY HALL PARK
 NY NY 10007
☒ OFFICIAL CAPACITY

2) 75TH PCT BROOKLYN
 1000 SUTTOR AVE
 BROOKLYN NY 11208
☒ OFFICIAL CAPACITY

3) JOHN DOE
 POLICE OFFICER
 #966435
 75TH P.C.T 1000 SUTTOR AVE
 BROOKLYN NY 11208

☒ INDIVIDUAL CAPACITY
☒ OFFICIAL CAPACITY

4) JOHN DOE PARTNER
 POLICE OFFICER
 75TH P.C.T 1000 SUTTOR AVE
 BROOKLYN NY 11208

☒ INDIVIDUAL CAPACITY
☒ OFFICIAL CAPACITY

ARREST DATE 10/11/2022

DEFENDENT(S)

1) NEW YORK CITY, CITY HALL
 CITY HALL PARK
 NY NY 10007
☒ OFFICIAL CAPACITY

2) 75TH PCT, 1000 SUTTOR AVE
 BROOKLYN NY 11208
☒ OFFICIAL CAPACITY

3) JOHN DOE (VICTOR)
 POLICE OFFICER #961043
 75TH PCT 1000 SUTTOR AVE
 BROOKLYN NY 11208
☒ INDIVIDUAL CAPACITY

4) JOHN DOE PARTNER
 POLICE OFFICER
 75TH PCT 1000 SUTTOR AVE
 BROOKLYN NY 11208
☒ INDIVIDUAL CAPACITY

☒ OFFICIAL CAPACITY

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

TERRENCE WISE

All other names by which
you have been known:

ID Number

Current Institution

Address

MDC-BROOKLYN

80 29TH STREET

BROOKLYN

NY

11232

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

THE CITY HALL

Job or Title (*if known*)

Shield Number

Employer

Address

CITY HALL PARK

N.Y.

NY

10007

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

JOHN DOE

Job or Title (*if known*)

POLICE OFFICER

Shield Number

966435

Employer

75TH PCT BROOKLYN NY

Address

1000-SUTTER AVE

BROOKLYN

NY

11208

City

State

Zip Code

☒

Individual capacity

☒

Official capacity

Defendant No. 3

Name

John DOE PRATNER
POLICE OFFICER

Job or Title (if known)

Shield Number

Employer

Address

75TH PCT BROOKLYN NY 11208
1000 SUTTER AVE
BROOKLYN NY 11208
City State Zip Code☒ Individual capacity☐ Official capacity

Defendant No. 4

Name

75TH PCT BROOKLYN NY

Job or Title (if known)

Shield Number

Employer

Address

75TH PCT BROOKLYN NY
1000 SUTTER AVE
BROOKLYN NY 11208
City State Zip Code☒ Individual capacity☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ON 10/6/2022, MY SIXTH & EIGHTH AMENDMENTS WERE VIOLATED BY WRONGFUL ARREST.

ON 10/11/2022 MY SIXTH & EIGHTH AMENDMENTS WERE VIOLATED BY 1ST AND 4TH WRONGFUL ARREST.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
 ON 10/6/2022 IN EAST NEW YORK ON WILLIAMS AVE E
 BELMONT AVE IN BROOKLYN.
 ON 10/11/2022 IN EAST NEW YORK ON PICKIN AVE E
 CREGIA AVE IN BROOKLYN
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

C. What date and approximate time did the events giving rise to your claim(s) occur?

- 1) EXHIBIT A CLAIM WAS ON 10/6/2022 AT 4:57 PM
- 2) EXHIBIT B CLAIM WAS ON 10/11/2022 AT 7:23 AM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE ATTACHED SHEETS THAT WILL EXPLAIN MY CLAIMS WHICH ARE TWO SEPERATE DATES AND TIMES. EXHIBIT A IS FOR THE WRONGFUL ARREST ON 10/6/2022. EXHIBIT B IS FOR WRONGFUL ARREST ON 10/11/2022 PLEASE READ ATTACHED SHEETS →

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. ON 10/6/22 I HAD TO BE ADMITTED INTO ONE BROOKLYN PLAZA FOR TREATMENT, X-RAYS AND ALL CAUSE OF MY INJURIES. MINIMAL EDEMA, RIGHT FOURTH FINGER WITH NAIL BED AVULSION. IRRITATED WOUND AND PLACED IN A SPLINTER. SOFT TISSUE SWELLING UNSPECIFIED INJURY OF RIGHT WRIST, HAND AND FINGER. ALSO DEGENERATIVE CHANGES INVOLVING THE HEAD OF THE RADIUS AND ALSO A SMALL OSTEOPHYTE PROJECTING OVER THE OLECRANON BURSA ALONG WITH ABRASION TO MY FOREHEAD. ON 10/12/22 I WAS ADMITTED BACK INTO ONE BROOKLYN PLAZA IN BROOKLYN FOR MEDICAL TREATMENT. IVE OCCURRED FROM AN ARREST. A CUT ON MY RIGHT FINGER AND VISIBLE MINOR LAC ON RIGHT FINGER AND LEFT WRIST. HAD A MONTHLY BREAKDOWN CAUSE OF ARREST AND TRIED TO HURT OR KILL MYSELF AND WAS ADMITTED INTO MEDICAL HEALTH DEPARTMENT.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. ON 10/6/22 MY SIXTH EIGHTH AMENDMENT RIGHTS WERE VIOLATED AND DEFAMED DUE TO FALSE ARREST. I HAD TO ENDURE HOURS AND DAYS IN LOCKUP. LET ALONE I WAS PHYSICALLY INJURED AND NEEDED MEDICAL ATTENDANCE. I AM SEEKING PUNITIVE DAMAGES OF \$100,000.00 FOR MY ALL I HAD WENT THROUGH.

2) ON 10/11/22 WAS RIGHTS SIXTH EIGHTH AMENDMENTS WAS VIOLATED AND DEFAME WHEN I WRONGLY LOCKED UP AND LATELY ALL CHARGES WERE COMPLETELY DROPPED AND ENTIRELY DISMISSED. I HAD ENDURED A MENTAL HEALTH BREAKDOWN FROM THE ASSAULT FROM POLICE AND NEEDED IMMEDIATE MEDICAL ESPECIALLY MENTAL HEALTH AND HAD GOTTEN HURT AS A RESULT AND I AM REQUESTING PUNITIVE DAMAGES IN THE AMOUNT OF \$100,000.00

TIME: 4:57 PM

EXHIBIT A

DATE: 10/6/2022

ARRESTING OFFICER #966435 & PARTNER JOHN DOE

ARREST # K22642055

FROM: MR TERRENCE WISE

AT 4:57 PM ON OCTOBER 6TH 2022 ON WILLIAMS BELMONT AVE IN EAST NEW YORK BROOKLYN AN 75TH SUV TRUCK PULLED UP AND STOP NEXT TO A TRUCK U-HAUL VAN, THAT WAS LEGAL PARKED. AN POLICE OFFICER 966435 AND HIS PARTNER HAD APPROACHED ME & REGARDS TO THE U-HAUL VAN THAT I HAD FINISHED CLEANING OUT AND STARTED ASKING ME TONS OF QUESTIONS AND WENT AS FAR AS RUNNING THE PLATE AND REGISTRATION & CAUSE THEY STATED IT WAS STOLEN, WHICH IT WASN'T. NOW AFTER THE OFFICER 966435 HAD CONTACTED AN AGENT AT THE MAIN U-HAUL HEAD QUARTERS OF RENTAL, WHO HAD CONFIRMED THE VAN WASN'T STOLEN NOR LATE. OFFICER 966435 WAS BEING PUSHY AND EVEN RUDE AS HE SPOKE WITH AGENT. THE OFFICER - HAD ~~THINK~~ SEEM TO BE UPSET AND ONCE THE VAN WAS LEGALLY CLEARED. OFFICER 966435 THEN ASKED FOR MY ID AND I GAVE ME MY IDENTIFICATION CARD AND THEN I WAS INFORMED THAT I WAS BEING ARRESTED AND WOULD BE TOLD MY CHARGES ONCE I REACHED 75TH PERCENT IN BROOKLYN. I ASKED WHY I WAS BEING ARRESTED AND PROCESS TO GO THRU THE SYSTEM. AND I WAS TOLD NOTHING! I WAS BEING FORCED INTO A PAIR OF HANDS -

(2)

COPS AND DIDNT KNOW WHY ESPECIALLY WHEN THE U-HAUL WASNT STOLEN NOR LATE. SO OFFICER 966435 BEGAN TO USE TACTICAL FORCE ON ME AND REALLY AGGRESSIVE WITH ATTEMPTING TO HAND-CUFF ME. TO A POINT THAT WE HAD FALLEN ON THE GROUND AND I FELT LIKE I WAS BEING TEASED. WHILE THE OFFICER 966435 HAD HIS BODY WEIGH ON ME AND IT ~~WAS~~ ^{WAS} LIKE HIS KNEES WAS PUNCHED STRONGLY WITHIN MY LOWER BACK.

I HAD SUSTAIN CERTAIN INJURIES FROM BEING WRONGFULLY ARRESTED AND HAD TO BE RUSHED TO BROOKDALE EMERGENCY ROOM FOR MEDICAL TREATMENT. AT ONE BROOKDALE PLAZA EMERGENCY ROOM. I HAD WOUNDS THAT HURTED ME AND I WAS PASTED OUT. TO BE AWAKING BY TWO MEDICAL DOCTORS ATTEMPTING TO RESET MY RING FINGER ON MY RIGHT HAND. I HAD SUFFERED INJURIES AND BURNES THAT WERE MEDICALLY DOCUMENTED THAT WAS CAUSED BY OFFICER 966435 AND HIS PARTNER AND DURING MY ORDER I WAS SCREAMING OUT IN PAIN HOW I BEING HURT AND ESPECIALLY IN PAIN. MY MEDICAL RECORDS WILL SHOW AND PROVED THE MEDICAL TREATMENT I WENT AND HOW MY RIGHT HAND RING HAD TO BE PLACED WITHIN A SPLINTER AND BANDAGE AMONG OTHER TREATMENT ESPECIALLY THE MENTAL AND

(3)

EMOTIONAL SUFFERING AND PAIN I HAD ENDURED AND WILL ENDURE 24/7. I HAD TO BE ADMITTED INTO THE HOSPITAL WHICH WOULD NOT HAVE HAPPENED HAD THE TWO OFFICERS OF THE 75TH PCT HAD NOT WRONGFULLY ARRESTED ME AND USED EXCESSIVE FORCE TO HURT AND ABUSE ME ESPECIALLY MY RIGHT FINGER WHICH NEEDED TO BE PLACED IN A SPLINTER. THE MENTAL EMOTIONAL DURESS I HAD TO ENDURE TOOK A TOLL ON MY MENTAL HEALTH AND CAUSED ME TO BREAKDOWN. ON 10/12/2022 WHILE BACK IN THE HOSPITAL I STATED THAT MY FINGER WAS MESS UP FROM 10/6/22 FROM A POLICE OFFICER 966435 ITS IN MY MEDICAL PAPERS DATED 10/12/2022.

THAT I WAS PHYSICALLY ASSAULTED BY OFFICER 966435 USE OF EXCESSIVE FORCE ON ME. MY FINGER WILL NEVER BE THE SAME AND I HAD TO SUFFER WITH PAIN UNTIL THIS DAY AND TIME OVER THE WRONGFUL ORDER AND PAINFUL THINGS THAT HAD HAPPEN TO ME AND MY LIFE CAUSE OF THAT WRONGFUL ARREST.

TIME: 7:23 AM

EXHIBIT B

DATE 10/11/2022

ARRESTING OFFICER(S) VICTOR 961043 & PARTNER JOHN DOE

ARREST #K22642857

FROM: TERRENCE WISE

ON 10/11/2022 ON PICKIN AND GEOGRAPH AVE
IN EAST NEW YORK BROOKLYN. & FALSILY
ARRESTED AND LATER ALL CHARGES AND
CASE WAS COMPLETELY DISMISSED. AN ASS-
OCIATE AND A GET HIGH FRIEND OF OURS.

HAD ALLOWED US TO USE HIS SUV, SO
I CAN GO GET DRUGS. HE AND OUR
FRIEND NICOLE ~~WAS~~ AWAITED MY RETURN
ON A CORNER NEAR THE HOTEL. THE 75TH
POLICE DEPARTMENT PULLED UP AND I
WAS ON THE DRIVER SIDE EXITING THE
SUV IN OF THE DRIVER. A UPON LEAVING
THE BENZ THE POLICE OFFICER(S) VICTOR
961043 ALONG WITH PARTNER RAN
DOWN ON ME AND ATTEMPTED TO RESTRAIN
ME FROM MOVING. WHICH LEAD TO A
STRUGGLE BETWEEN US. ~~THEY WERE~~
OFFICER VICTOR 961043 AND PARTNER
BEHAN TO USE FORCIBLE TACTICAL
MOVES ON ME AND CAUSED A FEW
PHYSICAL INJURIES ALONG WITH
MENTAL AND EMOTIONAL TRAUMA THAT
REQUIRED FOR ME TO GO ONE BROOK

DALE PLAZA EMERGENCY ROOM AND AFTER THAT MENTAL HEALTH UNIT CAUSE I WAS GOING TO KILL MYSELF DUE TO HOW THESE OFFICERS HAD ABUSED THERE POSITION OVER ME. I'VE BEEN PLACED UNDER SUICIDE WATCH AND NEEDED MEDICAL TREATMENT WHILE I WAS IN ONE BROOKDALE PLAZA HOSPITAL.

IN THE HOSPITAL I HAD TO UNDERGO X-RAYS AND TESTS ALONG WITH HAVING CERTAIN INJURIES TREATED AND EVEN BANDAGED. AND I STILL SUFFER TO THIS DAY FROM ALL THAT HAD OCCURRED THAT DAY OF ME BEING WRONGFUL

AND MY MEDICAL RECORDS SHOW THE EXCESSIVE FORCE USED BY THESE OFFICERS THAT WORK IN THE 75TH PRECINCT. CAUSE NEITHER OF THE OFFICERS KNEW HOW TO DEAL WITH A MENTAL ISSUE INDIVIDUAL AS MYSELF AND NEARLY COST ME MY LIFE. I HAD TO ENDURE LEGAL SYSTEM ON A WRONGFUL ARREST THAT DOWN THE LINE ALL CHARGES AND CASE WAS COMPLETELY DROPPED AGAINST ME. ~~POWER OFFICERS~~ ~~POWER~~ AND THESE OFFICER BODY CAMERA AND MY EMERGENCY HOSPITAL ADmittance ARE PROOF... AND I WAS

③

FORCE TO ENDURE THE INSIDE OF THE SYSTEM
FOR A FEW HOURS AND DAYS... I HAD SUFFERED
DRAMATICALLY DUE TO BEING LOCKED UP
FOR NOTHING... LET ALONE BEING ADMITTED
INTO ONE BROOKDALE PLAZA BROOKLYN
NY 11212 FOR A MENTAL HEALTH ISSUE
CAUSED BY THE OFFICERS THAT DATE
THAT NEARLY CAUSE TO END MY LIFE,
AND HAD TO PUT UNDER MENTAL OBSERVA-
TION UNIT. AND ALL THE THROUGHOUT THE
WRONGFUL ARREST I WAS TREATED BADLY
BY MOST THE ENCOUNTERED AND MADE
TO LOOK ASHAME WHEN I WAS INNOCENT

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:
-

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
-

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

☐ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/5/2023

Signature of Plaintiff J. Wise

Printed Name of Plaintiff TERRENCE WISE

Prison Identification # 3569510

Prison Address 80 29TH STREET

BROOKLYN NY 11232

City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

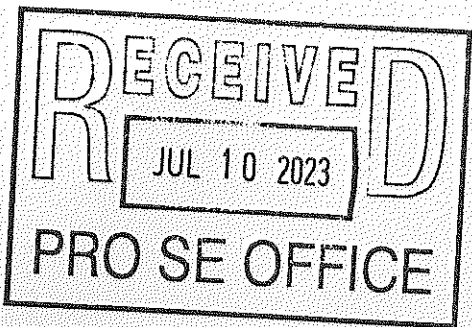
Address _____

City State Zip Code

Telephone Number _____

E-mail Address _____

TERENCE WISE
#35692510
HDC-BROOKLYN
80 29TH STREET
BROOKLYN NY 11232
MS2-8-BOTTOM



TO: PRO SE INTAKE UNIT
500-PEARL STREET
NEW YORK N.Y. 10007



Postage and Fees Paid
No Postage
Necessary
If Mailed
in the
United States
Postage
Paid
Permit
No. 1000
New York, NY
10007
Postage
Paid
Permit
No. 1000
New York, NY
10007